



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Board of Examiners of Electrical Contractors  
124 Halsey Street, 6th Floor, P.O. Box 45006  
Newark, New Jersey 07101  
(973) 504-6410

**Application to Reactivate an Inactive Electrical Contractor's License**

**You may not practice in the State of New Jersey until your license or certificate has been reactivated.**

N.J. License No.: \_\_\_\_\_ Type of License: \_\_\_\_\_

Initial License Date: \_\_\_\_\_ Date License Became Inactive: \_\_\_\_\_

Please submit with this application a check or money order for \$150.00 made payable to the State of New Jersey, for the current triennial licensure period. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

**Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

1. Name \_\_\_\_\_  
Last name First name Middle initial Maiden name

2. Address

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County  
\_\_\_\_\_  
Telephone number (include area code) E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)  
\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. \*Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

You **must** provide your Social Security number to the Board. Failure to do so will result in denial of licensure or registration reinstatement/reactivation.

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of reactivation of licensure or registration. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or registration.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

7. Have you ever changed your name? ☐ Yes ☐ No  
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No  
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expire

11. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever been named as a defendant in any litigation related to the practice of electrical contracting or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of electrical contracting or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

**Employment since your license was placed in inactive status. (You may photocopy this page if necessary.)**

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Street

City

State

ZIP code

Immediate supervisor's name: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Hours per week: \_\_\_\_\_

(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

month

day

year

month

day

year

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Street

City

State

ZIP code

Immediate supervisor's name: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Hours per week: \_\_\_\_\_

(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

month

day

year

month

day

year

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Street

City

State

ZIP code

Immediate supervisor's name: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Hours per week: \_\_\_\_\_

(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

month

day

year

month

day

year

Applicant's name (Please print)

Applicant's signature

Date

**Continuing Education**

Please list all of the courses that you have successfully completed since your license expired. (N.J.A.C. 13:31-1.7 requires that 34 credit hours of continuing education be successfully completed for a license to be reactivated. Ten of those credits must be acquired by means of a course of study relating to the most recent edition of the National Electrical Code. Review the above-cited regulation to learn all of the details regarding continuing education requirements.) Please submit copies of your continuing education certificates with your application.

<u>Date</u>	<u>Title</u>	<u>Subject Matter</u>	<u>Sponsor</u>	<u>No. of Hours</u>

## CERTIFICATION FOR REACTIVATION APPLICATION

I, \_\_\_\_\_, in making this application to the Board for reactivation of licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reactivation or to withhold renewal of or suspend or revoke a license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date